

# **COMMUNICABLE DISEASE REPORT SEXUALLY TRANSMITTED DISEASES**

*-Send to Local Health Department-*

PATIENT NAME - Last, First, Middle				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-gender		ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
ADDRESS - Street				DOB		RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other	
TOWN - CITY		STATE		ZIP CODE		PHONE NO. (    )    -	
<b>Diagnosis</b>		<b>Lab Results</b>			<b>Treatment</b>		
<input type="checkbox"/> <b>Chlamydia</b> <input type="checkbox"/> <b>Gonorrhea</b> <input type="checkbox"/> PID Other: _____ <input type="checkbox"/> <b>Syphilis</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent <input type="checkbox"/> Late (> one year) <input type="checkbox"/> Congenital <input type="checkbox"/> Other Syphilis Specify _____ <input type="checkbox"/> <b>Other STDs</b> <input type="checkbox"/> Herpes <input type="checkbox"/> Chancroid		Date / /	Test	Result	Date / /	Drug	Dosage
		/ /			/ /		
		/ /			/ /		
		/ /			/ /		
Site of Infection: <input type="checkbox"/> Genitalia <input type="checkbox"/> Rectum <input type="checkbox"/> Throat <input type="checkbox"/> Other _____ Patient had sexual contact with: <input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Both <input type="checkbox"/> Refused <input type="checkbox"/> Unknown Reporting Facility    Address    Town - City    State    ZIP							
Clinician				Phone		Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				(    )    -			
Was diagnosis confirmed by a laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, list lab							

Provider Copy

# **COMMUNICABLE DISEASE REPORT SEXUALLY TRANSMITTED DISEASES**

*-Send to Local Health Department-*

<p>ARS 36-621, Arizona Administrative Code R9-6-201, 202 and 203. These rules require that patients with syphilis, gonorrhea, chlamydia and genital herpes be reported within five business days of diagnosis or treatment.</p>
<p align="center">For more report forms or consultation call: (602) 364-4666, STD Control Section          Communicable Disease Reports for STD should be mailed to your local county health department.          For more information: <a href="http://www.hs.state.az.us/phs/oids/std/county_contact.htm">http://www.hs.state.az.us/phs/oids/std/county_contact.htm</a></p>
<p><b>*Selected CDC Treatment Guidelines – 2002</b>          (For more information: <a href="http://www.cdc.gov/std/treatment/rr5106.pdf">www.cdc.gov/std/treatment/rr5106.pdf</a> and for treatment updates: <a href="http://www.cdc.gov/std/">www.cdc.gov/std/</a>)  <b>Chlamydia</b> – Azithromycin 1 g orally in a single dose, OR Doxycycline 100 mg orally twice a day for 7 days.  <b>Gonorrhea</b> – Cefixime 400 mg orally in a single dose, OR Ceftriaxone 125 mg IM in a single dose, OR Ciprofloxacin 500 mg orally in a single dose, OR Ofloxacin 400 mg orally in a single dose, OR Levofloxacin 250 mg orally in a single dose. Due to increasing prevalence of quinolone-resistant <i>Neisseria gonorrhoeae</i>, please visit <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5316a1.htm">www.cdc.gov/mmwr/preview/mmwrhtml/mm5316a1.htm</a> for situations where other treatment regimens may be warranted.  <b>Early syphilis</b> (less than one year duration) – Benzathine penicillin G 2.4 million units IM in a single dose.  <b>Late Latent Syphilis or Latent Syphilis of Unknown Duration</b> – Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals.  <b>Syphilis treatment Alert:</b> <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4835a2.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4835a2.htm</a>  <b>Congenital syphilis</b> – Aqueous crystalline penicillin G 100,000–150,000 units/kg/day, administered as 50,000 units/kg/dose IV every 12 hours during the first 7 days of life, and every 8 hours thereafter for a total of 10 days; OR Procaine penicillin G 50,000 units/kg/dose IM a day in a single dose for 10 days.</p>